

# Madison City Schools

## Field Trip Permission Slip

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

### **Memorandum to Parents:**

On \_\_\_\_\_ our class will be taking a field trip to \_\_\_\_\_  
Date Name of Place

At \_\_\_\_\_ at approximately \_\_\_\_\_ o'clock.  
Location Time

To \_\_\_\_\_ at approximately \_\_\_\_\_ o'clock  
Place of Return Time

Mode of Transportation: \_\_\_\_\_.

We would like for your child to accompany us on our trip. Supervision will be provided for all students. Your child is expected to follow all school/classroom rules.

In event of a date change, you will receive a revised field trip permission slip to sign and return.

Please complete, sign and return the lower portion no later than \_\_\_\_\_.  
Date

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Principal's Signature

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### **Madison City Schools Field Trip Permission Slip**

Teacher Name \_\_\_\_\_ School \_\_\_\_\_

☐ I wish ☐ I do not wish

To give my permission for my child \_\_\_\_\_  
Child's Name

To accompany your group on the field trip to \_\_\_\_\_  
Name of Place

At \_\_\_\_\_ on \_\_\_\_\_  
Location Date of Trip

Does your child have any medical problems and/or allergies that we should be aware of?  
\_\_\_\_\_

Will your child require any medication on this field trip? \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

The Madison City School System has my permission to seek any medical treatment necessary for my child during a school-sponsored field trip.

Parent's Contact Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date